



What is Specialty Retail?

Over the years the retail industry has embraced this program which has proven successful all year round. They started with a dream, a vision, or an idea and grew their very own business, in one of our properties through the Specialty Leasing Program. You too can become part of this dynamic industry with low start up costs and minimal risk in a very short amount of time. We can help you in all areas of starting your own business, such as, business planning, merchandise selection, and visual merchandising.

Getting Started

We can provide you with several tools to assist you in building your own business and cultivating your dreams in one of our shopping centers. We offers retail experience both at the shopping center level and corporate level. Our size, national presence and corporate support offer you decades of experience for your new business venture.

- **Rates:**
License fees for the carts and kiosk and inline stores vary on location, length of term and products. Please call for more information.
- **Insurance Requirements:**
An insurance certificate is required prior to opening your business. General Liability, Employers Liability, and Worker's Comp are necessary.
- **Required Permits:**
All retailers are required to have a Business License for the appropriate city
- **Specialty Leasing Process:**
After we receive your initial merchant information form, we will work with you to establish products, locations, rates and other details. Your application will then be submitted for approval. Once approved, the deposit, fees and signed paperwork will need to be finalized

*Please note: The above Specialty Leasing information is subject to change and is not to be construed as an obligation by either party to enter into a binding agreement.

**Specialty Leasing Application
West Oaks Mall**

This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.

Interested In: _____ In-Line: Size required: _____ Square Feet: _____ RMU/Cart _____
KIOSK (10x10 MAX) _____

PERSONAL INFO:

Tenant Legal Name: _____

Business Trade Name / DBA: _____

Contact Name: _____

Social Security #: _____

Federal Tax ID #: _____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____

Fax #: _____ Cell Phone #: _____

Email: _____

BUSINESS INFO:

Type of Business: _____

Items to be sold (please be specific): _____

Range of product prices: _____

Desired term (include earliest start date): _____

Projected monthly sales: _____

Anticipating Opening Date: _____

Anticipating Date of Procession: _____

OWNERSHIP:

_____ Corporation _____ Years Incorporated _____ State

_____ Partnership _____ Individual

Name of Co-Signer Social Security #

Address

City State Zip Years at this Address

Home Phone Number Work Phone Number Cell Phone Number

EXISTING BUSINESS:

Number of Stores: _____ Type of Business: _____

Location(s): _____

Average Size: _____ SF Total Sales: \$ _____

Average Sales Per Store: \$ _____ Average Sales Per SF: \$ _____

Previous Operating Expense: _____

General Comments:

ATTORNEY INFO:

Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone Number: _____

REFERENCES:

LANDLORD REFERENCES:

(1) Contact Name

Address

City State Zip Years Affiliated

Phone Number

VENDOR REFERENCES:

(1) Business Name _____ Contact Name _____

Address _____

City _____ State _____ Zip _____ Years Affiliated _____

Phone Number _____

PERSONAL REFERENCES:

(1) Name _____

Address _____

City _____ State _____ Zip _____ Years Affiliated _____

Phone Number _____

(2) Name _____

Address _____

City _____ State _____ Zip _____ Years Affiliated _____

Phone Number _____

OTHER INFO:

Referred by: _____

Signature: _____ Date: _____

****All rent must be paid with certified funds or money orders****

Return Application To:
West Oaks Mall
Management Office
9401 W. Colonial Dr. # 728
407-294-1494 ext. 114
m.damato@mlgpllc.com

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

This ____ day of _____, 20____, I (we) irrevocably authorize Moonbeam Capital Investments, LLC and it's group of companies and their authorized agents and employees (herein referred to as MCI, LLC) to obtain from any credit reporting agency all records, histories, summaries, reports, investigations and any other information (all herein referred to as Information) pertaining to my (our) personal credit history including matters for which I am (or we are or have been individually or jointly responsible as guarantor).

I (we) hereby forever release, remise and discharge MCI, LLC from any claims, suits, liabilities, actions or causes of action, contracts or warranties which may arise directly or indirectly, remotely or proximately from MCI, LLC use or obtaining any of the foregoing Information. However, it cannot provide or show me a copy of any Information obtained nor can it discuss any specific information or items. MCI, LLC shall use all reasonable efforts to maintain the confidentiality of all Information received in accordance with this Authorization. A copy of this authorization shall be as valid and binding as the original. I (we) have read and executed this Authorization on the date first above recited.

Signature: _____ Date of Birth: _____

Printed Name: _____ Current Residential Address: _____

Social Security #: _____

Home Phone: _____

(2ND PARTY)

Signature: _____ Date of Birth: _____

Printed Name: _____ Current Residential Address: _____

Social Security #: _____

Home Phone: _____

PERSONAL FINANCIAL STATEMENT

No. 2 Accounts, Loans and Notes Receivable (A list of the largest amounts owing to me)

Name and	Amount	Age of	Dates	Description/Nature	Description of Security
----------	--------	--------	-------	--------------------	-------------------------

I make the following statement of all my individually owned assets and liabilities as of the _____ day of _____, 20____, and furnish other material information for the purpose of obtaining credit with you on instruments bearing my signature, endorsement, and guarantee, and agree to notify you promptly of any change affecting my ability to pay.

ASSETS	LIABILITIES AND NET WORTH
CASH ON HAND AND UNRESTRICTED IN BANKS: \$	16. NOTES PAYABLE TO BANKS, UNSECURED: \$
US SECURITIES (GUARANTEED) \$	17. NOTES PAYABLE TO BANKS, SECURED: \$
GOVERNMENT AGENCIES SECURITIES: \$	18. NOTES RECEIVABLE-DISCOUNTED WITH BANKS, FINANCE COMPANIES, ETC: \$
ACCOUNTS & LOANS RECEIVABLE: \$	19. NOTES PAYABLE TO OTHERS-UNSECURED: \$
NOTES RECEIVABLE-NOT DISCOUNTED: \$	20. NOTES PAYABLE TO OTHERS-SECURED: \$
NOTES RECEIVABLE-DISCOUNTED: \$	21. LOANS AGAINST LIFE INSURANCE: \$
LIFE INSURANCE-CASH SURRENDER VALUE: \$	22. ACCOUNTS PAYABLE: \$
STOCK & SECURITIES OTHER THAN GUARANTEED US GOV'T AND GOV'T AGENCIES: \$	23. INTEREST PAYABLE: \$
REAL ESTATE REGISTERED IN OWN NAME: \$	24. TAXES & ASSESSMENTS PAYABLE: \$
AUTOMOBILES REGISTERED IN OWN NAME: \$	25. MORTGAGE PAYABLE ON REAL ESTATE: \$
OTHER ASSETS: \$	26. BROKERS MARGIN ACCOUNTS: \$
SUBTOTAL: \$	27. TOTAL LIABILITIES: \$
LESS LINE NUMBER 31: \$	28. NET WORTH FROM LINE 14: \$
NET WORTH (TO BE SHOWN ON LINE 33): \$	29. TOTAL LIABILITIES & NET WORTH LINE 27 PLUS LINE 28: \$
TOTAL ASSETS: \$	

SOURCE OF INCOME	PERSONAL INFORMATION
SALARY	Business or Occupation Age
BONUS & COMMISSION	
DIVIDENDS	
REAL ESTATE INCOME	Partner or officer in any other venture
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION	
Other income: \$	GENERAL INFORMATION
TOTAL INCOME: \$	Are any assets pledged? To Whom?
CONTINGENT LIABILITIES	Are you a defendant in any suits or legal actions?
endorser, co-maker, or guarantor	Are there any unsatisfied judgments against you?
leases or contracts	If yes, to whom?
legal claims	Have you been declared bankrupt in the last 14 years?
provision for Federal Income Taxes	If yes, explain?
Other Special Debt	

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (A list of all my bank accounts including savings and loans)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan
	\$	\$	
	\$	\$	

Address of Debtor	Owing	Debt	Payment Expected	of Debt	Held

No. 3 Life Insurance (Attach schedule if necessary)

Owner of Policy	Name of Beneficiary	Name of Ins. Co.	Face of Policy	Total Cash Surrender Value	Title Loans on Policy	Policy Assigned

No. 4 Stocks & Bonds (Attach schedule if necessary)

Face value of # of Shares	Description of Security	Registered in Name of	Original Cost	Present Market Value	To Whom Pledged

No. 5 Real Estate (Attach schedule if necessary)

Description or Street #	Title in Name of	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

No. 6 Jointly Owned Property - Details of summary on front page (Attach schedule if necessary)

Assets	Value	Name of Joint Tenant
	\$	
	\$	
	\$	
	\$	
	\$	

These statements are delivered to Moonbeam Capital Investments, LLC to induce credit from time to time and/or to continue its present extension of credit, at its discretion, to the undersigned. The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date hereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse charge in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that local title to all property herein described or referred to, excepting only jointly owned property, as separately scheduled herein as such, is in the sole name of the undersigned. Every person who is a party to the statement agrees that his/her separate property listed herein or herein referred to and property or interests into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirety or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntary or involuntary by levy of execution or otherwise.

Moonbeam Capital Investments, LLC is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes the bank to answer questions about his credit experience with the undersigned.

Date: _____ Signature: _____

Social Security #: _____

TENANT INFORMATION FORM

New Business Information

The Licensee is responsible for securing all business and/or tax licenses that are required by local, state or federal law.

Important Numbers

Ocoee Post Office	407-656-4200
City of Ocoee Occupational License	407-905-3156
Orange County Occupational License	407-836-5650

Any food uses or food sampling must be pre-approved by the Florida Department of Health and they can be reached at 850-245-4250.

All Inline spaces will be charged a monthly/sewer charge-adjusted at year end to actual use.

To take possession of space:

- Signed Executed Agreement
- Copy of Driver's License/Social Security Card
- Power turned over into tenant's name
- Certificate of Insurance with West Oaks Mall, FL LLC, Moonbeam Capital Investments LLC, Mo0nbeam Leasing & Management LLC, West Oaks Mall MGMT LLC, Moonbeam equities I LLC and their shareholders, agents and employees and affiliates added as additional insured
- Security Deposit

Prior to opening for business:

- Store front sign proof submitted for approval and installed
- Copies of Occupational License
- Copy of approved passed Health Inspection for food court tenants
- First month's rent
- Completed Emergency contact form

Standard Certificate of Insurance Requirements

**West Oaks Mall
9401 W. Colonial Drive # 728
Ocoee, FL 34761**

General Liability: \$1,000,000 Occurrence / \$2,000,000 Aggregate
\$1,000,000 Products Comp / Op Aggregate
\$1,000,000 Personal & Advertising Injury
\$ 50,000 Fire Legal Liability
Include Waiver of Subrogation

Automobile Liability: \$1,000,000 Combined Single Limit

Workers' Compensation: Statutory
Employers' Liability: \$500,000 Each Accident
\$500,000 Disease, Policy Limit
\$500,000 Disease, Each Employee

Property: Special Form Perils ("All Risk")
Improvements & Betterments
Business Income
Replacement Cost
Include Waiver of Subrogation

Cancellation Clause: 10 Days Notice

The following must be stricken from the cancellation wording "Endeavor to... but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives."

OR

If this is not possible, must provide an Additional Insured Endorsement specifically naming the above entities to policies.

Please reference **the Store / Brand Name** and **Store Number** for identification purposes.
MOIs and Faxes will not be accepted.

Additional Insured: **West Oaks Mall FL LLC, Moonbeam Capital Investments LLC, Moonbeam Leasing & Management LLC, West Oaks Mall MGMT LLC, Moonbeam Equities I LLC, and its employees, beneficiaries and agents.**